

40 20 74 14

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**

SERIAL NO.

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	1					
2		1				
3		0				
4		0				
5		0				
6		1				
7		2				
8		2				
9		0				
10		0				
11		0				
12		0				
13		2				
14	1					
15		0				
16		1				
17		0				
18		0				
19		0				
20		1				
21		0				
22	1					
23		1				
24		1				
25		2				
26		2				
27		0				
28		1				
29		2				
30		2				
31		2				
32		2				
33		2				
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42						
43						
44						
45						
46						
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48						
49						
50						
TOTAL IND.	3					
TOTAL DEP.	40					
TOTAL CLAIMS	43					

	IND	DEP	IND	DEP	IND	DEP
51						
52						
53						
54						
55						
56						
57						
58						
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100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						